

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90030 013 ****61.25

DOCUMENT # 766393

1. Entity Name
**SWEETWATER VILLAS WEST CONDOMINIUM
ASSOCIATION NO. TWO, INC.**



Principal Place of Business
**141-143 S.W. 113TH AVENUE
MIAMI, FL 33174**

Mailing Address
**UNLIMITED MANAGEMENT SERVICES
PO BOX 440067
MIAMI, FL 33144 US**

4004000000



DO NOT WRITE IN THIS SPACE

03032008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0532508

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**UNLIMITED PROPERTY MANAGEMENT, LLC
7655 NW 50TH ST
MIAMI, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVD
UBALDE, SANTIAGO
7655 NW 50TH STREET
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
MARADIAGA, IRMA
7655 NW 50TH STREET
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Santiago Ubalde*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/08 (305) 5539731
Date Daytime Phone #